



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6573

|  |   |                               |   |   |
|--|---|-------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/510,126   | <b>FILING OR 371(c) DATE</b><br>10/04/2004<br><b>RULE</b>   | <b>CLASS</b><br>426           | <b>GROUP ART UNIT</b><br>1761   | <b>ATTORNEY DOCKET NO.</b><br>7524/US/PCT |
| <b>APPLICANTS</b><br>Gerardo Perez-Camargo, St. Joseph, MO;<br>Avinash Patil, St. Joseph, MO;<br>Carolyn Jean Cupp, St. Joseph, MO;<br>Armand Malnoe, Montaubion-Chardonney, SWITZERLAND;                                  |   |                               |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/03522 04/03/2003  |   |                               |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 02076346.2 04/05/2002   |   |                               |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>MO | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>34                 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   | <b>INDEPENDENT CLAIMS</b><br>4  |                               |   |   |
| <b>ADDRESS</b><br>Sanjay Agrawal<br>Nestle Purina 11T<br>1 Checkerboard Square<br>St Louis ,MO 63164-0001  |   |                               |   |   |
| <b>TITLE</b><br>Method and dietary composition for improving fat digestibility   |   |                               |   |   |
| <b>FILING FEE RECEIVED</b><br>1290   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |